United Nations E/CN.6/1999/NGO/1

Economic and Social Council

Distr.: General
6 January 1999
Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Statement submitted by the International Federation of University Women, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

The International Federation of University Women (IFUW), founded in 1919, is a non-governmental organization of graduate women with 180,000 members in 66 countries. Over the years, issues of health for women have been a key area of focus and research by our members. This is borne out by the number of health-related resolutions passed at IFUW conferences and the programmes initiated by national federations and associations related specifically to health matters. As pointed out recently by the Director of the World Health Organization (WHO), health is a human right, and women have specific rights in this context as the bearers of the next generation. Education and health are inseparably linked. According to the WHO Constitution, education is a prerequisite to health. It is vital to look at the need for continuing health education for women and girls throughout their lifespan.

Section C of the Platform for Action adopted at the Fourth World Conference on Women, in 1995, is comprehensive. Much research has been done and data collected on many of the issues dealt with in the Declaration and Platform for Action. However, there seems to be an unwillingness to disseminate this in a gender- and age-disaggregated form and to make the results accessible to the broadest spectrum of the population. A prime

* E/CN.6/1999/1.

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concern of Governments should therefore be to put in place mechanisms and make funding available for the dissemination and coordination of research and data worldwide on women's health issues, as an integral part of any research programme. Non-governmental organizations should monitor this process.

In examining the strategic priorities in section C, five areas have been of particular concern to IFUW:

1. Reproductive health care: Governments should see this in its wider context of not only population control and family planning but also questions of maternal mortality and the need to develop practices for safe motherhood. This must be linked to nutritional factors and cultural practices, and more effort made to counteract the lack of health services. Governments should also ensure that teaching and training in reproductive health care includes information on immunization programmes for young children, and make funding available to carry out such programmes. Programmes should be initiated, and, where already in place, extended, to make women and men aware of the harmful effects of the abuse of substances such as alcohol, tobacco and drugs on the reproductive system. In this context, it is imperative that more research be undertaken into the cultural and ritual practices that help spread HIV/AIDS, and the research results disseminated.

2. Adolescent health in general is an area where preventive health care can produce huge benefits. Adolescent health care should not include only the issues of early marriage and teenage pregnancy but also substance abuse, lack of adequate nutrition in crucial stages of development, and the effects of child labour on health. Governments, non-governmental organizations and local communities should encourage the involvement of young and adolescent girls in the planning, development and implementation of programmes that have a direct effect on their health and well being. Governments and local communities should see that compulsory health education programmes are part of the curriculum in primary and secondary schools, as part of a measure to increase preventive health care.

3. Genetic research: It is imperative that Governments implement laws and regulations and that non-governmental organizations monitor the research and development in this field so that there is effective control. Research on human fertilization and embryology has often been done without the necessary ethical norms in place. Governments and medical professions should include social as well as ethical issues in their application of advances in genetic knowledge, inform the public of current research and developments, and consider the cultural mores of the ethnic groups within their population in formulating any regulations. Legislation must also be drawn up and enacted to prohibit clones of the whole person.

4. Gender-specific research: Governments should provide funding for the development of research programmes as well as curricula and health care programmes which will provide training in the specific needs of women, not just in medical care but also on women's social and psychological attitudes to illness, to doctor/patient communication, and the relation between gender and drugs prescribed, where insufficient attention has often been paid to hormonal and physiological differences. In general, it is important to identify more definitively health conditions that are gender-different.

5. Health care work: Women predominate in paid and unpaid health care work. The reorganization of health care services being undertaken in many countries should include: analysis of the debilitating effects of caregiving, especially on voluntary workers; the social costs in terms of the often resultant long-term consequences of strain; and measures adopted to prevent them.

In conclusion, coordinated efforts are still needed by United Nations agencies, Governments, educational and health care institutions and non-governmental organizations to ensure that research, health education and delivery of health care programmes benefit women and girls on a global scale.

United Nations E/CN.6/1999/NGO/2

Economic and Social Council

Distr.: General
7 January 1999

Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (b) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: emerging issues, trends and new approaches to issues affecting the situation of women or equality between women and men

Statement submitted by the International Federation on Ageing, a non-governmental organization in general consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

"Women's rights are human rights" is more than a catchy slogan. It reaffirms that the human rights of women throughout the life cycle are an inalienable and indivisible part of universal human rights. However, in documents, conventions, and action plans, the special needs and contributions of older women remain primarily invisible. This, despite the fact that in practically all countries, women account for the majority of the older population, and the proportion of women to men increases with age, with the oldest old predominately women.

Perhaps it is assumed that if the human rights of the girl-child are secured, the lives of the future older woman will then be more secure. Or, perhaps if women's reproductive rights and their right to development are advanced, then the future for older women will be brighter, they will be healthier and have greater economic security. Indeed, this forward-looking approach may in time help to eliminate discrimination on the basis of both sex and age. But statistics suggest that much more action needs to be taken, and quickly, to address the current and urgent issues.

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On the global level now, women make up over half of the 60-to-70 age group. They make up 65 per cent of the oldest old, the cohort of those aged over 80. That is the fastest growing segment of most populations. By 2025 nearly a quarter of all older women will be in this age group. They are a smaller proportion of the older women in developing countries, but there, too, they are growing at a much faster rate and will more than triple in number by 2025. The growth of the oldest old has important implications for social planning, since they are more likely to be in poorer health and require more services than the younger old. Given the preponderance of women, many of the needs of the oldest old are actually the need of women.

Be aware:

Older women are more likely than men to be widowed and to live alone.

Older women are more likely to be affected by the illness and disabilities of age.

Older women are more likely to live in poverty. They have little access to economic resources.

Older women have lower educational levels. They have less formal labour-force experience, and little visibility is given to the full extent of the work of older women, including unpaid work.

Older women have more family care-giving responsibilities than older men.

These facts suggest that immediate action needs to be taken to address the imbalance, the handicaps faced by older women. However, older women cannot be stereotyped as "one size fits all". Older women are a diverse population ... they/we do not possess one face. We are products of our lifelong experiences, and our roles vary according to the culture and the economic and technological development within the culture. Older women of today can become the "image-changers" and the role models for future generations. The girl-child of today will, within 50 short years, be the older woman of tomorrow. Today's older women want to, and can, prepare the way for that child. Older women must not be kept invisible.

We look to our Governments and national institutions to recognize our diversity, our potential, as well as our needs, and to ensure the following:

(a) Access, for women of all ages, to economic resources, including credit, land ownership and inheritance;

(b) Access to education and skill development. Lifelong learning must assure a literacy level that enables older women to work to their capacity, upgrading skills to keep current with changes in the job market;

(c) Access to appropriate, affordable, quality health care, with particular attention to older women's health concerns;

(d) Increased attention to the violence against older women in the family, the community or institutions;

(e) Increased sensitivity to the needs of older women refugees and migrants as well as recognition of their skills and survival strategies;

(f) Participation in development activities and involvement in the planning of communities and the allocation of resources;

(g) The collection of statistics related to individuals, with compilation and analysis by sex and age;

(h) Encouragement of the media to change the way in which older women are depicted ... as being vulnerable and dependent ... and instead to reflect their diversity and potential;

(i) Implementation of programmes that focus on solidarity among generations and afford opportunities for older women to improve the lives of girls and future generations of older women.

It is time to include older women's rights as one of the criteria for monitoring discrimination against women in the work of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

The following non-governmental organizations have endorsed this statement.

American Association of Retired Persons
Armenian International Women's Association
International Council of Jewish Women
International Council of Women
International Federation on Ageing
International Federation of Home Economics
International League for Human Rights
National Council on Family Relations
National Women's Conference
Soroptimist International
World Association of Girl Guides and Girl Scouts
World Movement of Mothers
Zonta International.

Sources

United States Government, Department of Commerce, Bureau of the Census;

Network News, *Newsletter of the Global Link for Middle and Older Women* (vol. I, November 1996).

United Nations E/CN.6/1999/NGO/3

Economic and Social Council

Distr.: General
11 January 1999

Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (b) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: emerging issues, trends and new approaches to issues affecting the situation of women or equality between women and men

Statement submitted by the American Association of Retired Persons, a non-governmental organization in general consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

The American Association of Retired Persons (AARP), a non-governmental organization in general consultative status with the Economic and Social Council, which represents over 32 million national and international members aged 50 years and older, brings to your attention an important issue that needs to be addressed, both in the preparations for the Beijing Conference +5 and World Summit for Social Development +5 sessions. The important issue that we refer to is the status of older women in the world.

Ageing is largely a woman's issue. Women live longer than men and suffer from more chronic diseases than men. Paragraph 52 of the Beijing Platform of Action states that the risk of falling into poverty is greater for women than for men, particularly in old age. Increasingly, that means living alone, and widowhood is something that women learn to expect at a very young age. Taking care of older men is also almost a universal experience of older women. Additionally, the number of grandparents taking responsibility for raising grandchildren is higher than previously estimated, and the majority of these caregivers are older women. We have a phenomenon now of greater and greater numbers of people surviving into old age, most of them into the very old age period of life.

The result of the 1998 revision of the official United Nations world population estimates and projections shed new light on the global population ageing processes. In 1998,

* E/CN.6/1999/1.

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66 million persons in the world were aged 80 or over — that is, about 1 of every 100 persons. This number is expected to increase almost six fold by 2050, to reach 370 million persons. And we know that the majority of these persons will be women.

In order to understand the needs, to develop policies that respond to the needs and to implement solutions around these known needs, there is an urgency for increased data on the 80-plus segment of the population in each country, and that data needs to be disaggregated not only by age cohort but also by gender. Only by doing this can effective policies and solutions be developed.

We would like to suggest some special areas where data need to be gathered on older women. United Nations agencies and Member States should collect and disaggregate by age and sex data on refugee populations. In studies of migratory patterns in developing countries, attention should also be paid to who gets left behind in the villages when migrations take place.

In many countries, older women are the silent and/or invisible generation. Even in the developed countries that have experienced "women's movements" or "women's liberation", the older woman has not benefited greatly from the changes that took place. Older women's incomes continue to be significantly lower than older men's incomes; older women are much more likely than older men to live alone; older women spend a higher proportion of their incomes on housing than their male counterparts; women are twice as likely as men to be victims of elder abuse.

We request, in this International Year of Older Persons, and in the preparations for Beijing +5, that the spotlight be placed on older women — to know who they are; to understand their issues, their status, their condition; and to include them in policies and solutions that address their particular needs. We recognize the important gender "mainstreaming" effort that is under way but caution that a move to mainstream older women without first focusing on this "invisible" generation might unwittingly lead to their further impoverishment and vulnerability.

We urge the Commission on the Status of Women to place the issue of older women on the agenda of Beijing +5 as an emerging issue which requires the attention of all member States.

United Nations E/CN.6/1999/NGO/4

Economic and Social Council

Distr.: General
14 January 1999

Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Statement submitted by Bahá'í International Community, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

The Bahá'í International Community is pleased that women's health was identified as a critical area of concern in the Beijing Platform for Action and that the Commission on the Status of Women is focusing global attention on this vital issue. The Bahá'í International Community, which actively collaborates with the World Health Organization, the United Nations Children's Fund, the United Nations Development Fund for Women, and other United Nations agencies and non-governmental organizations on promoting women's health, participated most recently in the Expert Group Meeting on Women and Health: Mainstreaming the Gender Perspective into the Health Sector, held in Tunisia in September/October 1998.

Since the Commission discusses actions that Governments, United Nations agencies, and non-governmental organizations might take to improve the health of women and to empower women to participate fully in the affairs of the world, we offer the following points for consideration:

(a) When women enter the arenas of law and politics and when their voices are heard in the council chambers of the world, they will be instrumental in ending war and freeing vast resources for peaceful pursuits. The enormous energy wasted on war, the Bahá'í community asserts, will be consecrated to such ends as the extermination of disease, the

* E/CN.6/1999/1.

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raising of the standard of physical health, the sharpening and refinement of the human brain, the prolongation of human life, and the furtherance of any other agency that can stimulate the intellectual, the moral, and spiritual life of humanity;

(b) Women's health is important not only to women but to their families, their communities, and the world as a whole. In the Bahá'í view, the very progress of civilization depends on the unconstrained participation of women in all aspects of social life. Participation requires that women and girls be assisted and encouraged to develop all of their capacities and that they maintain their ongoing physical, emotional, and spiritual health in order to contribute as equal partners with men to the advancement of civilization;

(c) Avoidable causes of maternal morbidity and mortality, HIV/AIDS, tuberculosis, depressive disorders, and violence against women take a heavy toll on the whole community. Women play fundamental roles in the education of children and in promoting the health of the family, both in the home and through organizations that promote and protect the health and well-being of the community. Healthy families and communities cannot be achieved without careful attention to creating conditions conducive to sustaining healthy girls and women;

(d) Consideration must be given to the health of women throughout their lifespan. They must be ensured adequate nutrition, especially in the early years, and protected from harmful traditional practices through the teenage years and into adulthood. The health of older women must also be paid special attention. With the marked increase in life expectancy for women, their right to physical, mental and spiritual health must be safeguarded.

The Bahá'í International Community has been active in the process of improving the health of women and girls. Much of this work includes raising awareness of the rights of women and girls, raising the discussion of issues to the level of principle, and applying those standards at the local, national, and global levels. We stand ready to continue to protect and promote the health of women and girls and are eager to collaborate with the Commission on the Status of Women, other United Nations agencies and non-governmental organizations in doing whatever will enable women to contribute their share to the advancement of civilization.

The writings of 'Abdu'l-Baha state that the world of humanity has two wings — one is women and the other men. Not until both wings are equally developed can the bird fly. Should one wing remain weak, flight is impossible.

United Nations E/CN.6/1999/NGO/5

Economic and Social Council

Distr.: General
14 January 1999

Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: Implementation of strategic objectives and action in the critical areas of concern

Statement submitted by the World Association of Girl Guides and Girl Scouts, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

The World Association of Girl Guides and Girl Scouts (WAGGGS) emphasizes the importance of promoting good health practices for adolescents. Education on adolescent health should be made available for adolescents, parents, teachers, communities and leaders.

Adolescents have unique requirements in terms of health. Yet their requirements often fall between those of children and of adults, which are usually well catered to. Health issues specific to adolescents are often ignored.

Adolescents are, on the whole, healthy, but they are at an age when they develop habits that may affect their long-term health.

Whether we like it or not, adolescents are affected by many adult health problems, and yet they are often not educated sufficiently in health issues. Adolescents themselves begin to make decisions about how they are going to live their lives: eating habits, sexual relations, and smoking and drinking habits often begin in adolescence.

It makes economic sense to prevent potential health problems caused by teenage pregnancy, smoking, unsafe sex and poor nutrition when it isn't too late, rather than cure the problems at great expense later on.

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Adolescence is the period of life when nutritional advice can be very effective. The importance of clean water, healthy diets and sanitation should be taught to adolescents who are thinking about moving away from home.

If adolescents are taught about the dangers of smoking before they start, they will be less likely to take up smoking.

In early adolescence, most young people are not yet sexually active. This is the ideal time to teach them about safe sex. UNAIDS statistics show that the message that condom use means safer sex is getting through to more young people than older groups. Health education, if made appropriate and relevant and given at the right age, does have a long-lasting effect.

The World Association of Girl Guides and Girl Scouts is unique in the type of education that it offers. Many adolescents who do not go to school can still learn about health issues through non-formal educational programmes adopted by voluntary organizations such as WAGGGS. Good practice developed in adolescence will have long-lasting effects during adulthood. The WAGGGS method of educating adolescents can be used as an example that works.

Non-formal education is organized educational activity outside the established formal system and is intended to serve an identifiable learning clientele with identifiable learning objectives. The acquisition of life skills and the development of attitudes based on an integrated value system is made possible through non-formal education. Non-formal education organizations like WAGGGS have a number of characteristics that give them a unique ability to make a contribution to the lifelong educational process of an individual. Characteristics of non-formal education lend themselves to adolescent health education. Learning comes as a result of the practical experience of the individual and not only from a theoretical explanation. Non-formal education lends itself to engaging girls and young women in learning about health issues in an active and participatory way. Non-formal education allows for experiential learning, and not just "text book" learning.

Non-formal education organizations also harness the desire of young people for group involvement. Peers can symbiotically learn through dialogue and mutual experiences. Peer group education is particularly important in teaching adolescents about health issues, because adolescents sometimes feel that they are misunderstood or misrepresented by older people.

The World Association of Girl Guides and Girl Scouts is the largest voluntary organization for girls and young women in the world, reaching nearly 10 million members in 136 countries. It provides a dynamic, flexible, values-based non-formal educational programme that is relevant to the needs of girls and young women.

United Nations E/CN.6/1999/NGO/6

Economic and Social Council

Distr.: General
15 January 1999

Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Statement submitted by Zonta International, a non-governmental organization in general consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

Zonta International, an organization of executive professionals whose objectives include improving the legal, political, economic, educational, health and professional status of woman supports the implementation of the Platform for Action adopted at the Fourth World Conference on Women.

In paragraph 93, the Platform for Action emphasizes that conditions that subject girls to harmful practices, such as female genital mutilation, pose grave health risks. Further, in paragraph 112, it defines violence against women, a primary focus of Zonta International efforts, as encompassing female genital mutilation.

In strategic objective C.2. "Strengthen preventative programmes that promote women's health", non-governmental organizations are encouraged to take action by "placing special focus on programmes for both men and women that emphasize the elimination of harmful attitudes and practices, including female genital mutilation ...".

Recognizing women's health to be one of the areas of critical concern to be addressed by this session of the Commission on the Status of Women, Zonta International would like to report the following:

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(a) We are engaging in a partnership with the United States Committee for UNICEF to support community-based programmes in seven provinces of Burkina Faso where female genital mutilation is most prevalent. The objective of this project is to reduce the prevalence of female genital mutilation by 50 per cent in the period 1998–2002;

(b) These initiatives will focus on the training of both women and men whose task will be to raise the awareness of the populations on the adverse effects and risks associated with the practice of female genital mutilation;

(c) Training will also be undertaken with youth leaders, religious leaders, press workers, village administrative officials, teachers, law enforcement officials, village health workers and circumcisers;

(d) The project will also aim to promote the law against female circumcision, including translating the law into local languages and disseminating it;

(e) Advocacy initiatives with the various ministries of education and health to include information on the fight against the practice of female genital mutilation in school curricula will also be undertaken.

United Nations E/CN.6/1999/NGO/7

Economic and Social Council

Distr.: General
1 February 1999

Original: English

Commission on the Status of Women
Forty-third session
1–12 March 1999
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Statement submitted by the Global Alliance for Women's Health, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

* * *

The Global Alliance for Women's Health (GAWH), a non-governmental organization in special consultative status with the Economic and Social Council, is committed to advancing women's health in all stages of life and at all policy levels through health promotion, education, advocacy and programme implementation. The guiding principles of GAWH are as follows:

(a) Women's health is not exclusively reproductive but a continuum from infancy through old age;

(b) Women's health is under serviced and underattended throughout the world;

(c) Long-term initiatives and commitments are needed in order to forge alliances and collaborative programmes across the globe;

(d) Partnering among non-governmental organizations, governmental and intergovernmental organizations, the private sector and academic institutions is necessary in order to provide effective health care and research for women everywhere.

Since its founding in 1995, GAWH has organized and facilitated more than 60 health caucuses attended by more than 1,000 non-governmental organizations, which have aggregated and articulated language to reflect these principles. This language was successfully incorporated in the 17 pages of the Beijing Platform for Action which relate to health (as well as in later documents adopted at Copenhagen, Istanbul and Jakarta) and which the Commission reviews annually for the Economic and Social Council.

In addition, to advance women's lifespan health, GAWH has:

(a) Written and distributed over 50,000 brochures, newsletters and international biographies on women's health research and the women's health compendium (in four languages) throughout the world;

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(b) Initiated the United Nations NGO Health Committee in 1996 and was elected chair in 1997;

(c) Sponsored and co-sponsored more than 20 panels, round tables and symposia on a variety of health policy issues, including industry investment in women's health, complementary medicine, depression and women, and men as partners in women's health;

(d) Issued publications, including a report on the Global Round Table on Women's Health throughout the Life-Span; *Depression and the Mature Woman: A Multicultural Perspective*; Trachoma: A Woman's Health Issue (in French and English, with a second English edition); and most recently, with the United Nations NGO Health Committee, a report on the Drug Donation Round Table;

(e) Promoted and facilitated intersectoral exchanges on women's health among the United Nations community, Governments, the private sector and non-governmental organizations;

(f) Undertaken a campaign to gather country support for a draft resolution for the United Nations General Assembly concerning women's health throughout the lifespan, which has received endorsements from more than 100 people from 70 organizations in over 30 countries.

Because this year, the meeting of the Commission on the Status of Women has, for the first time, "women and health" as its major agenda item, the Global Alliance for Women's Health would like to draw the attention of the Commission to some emerging women's health issues for the twenty-first century. GAWH believes that ignoring these areas will have catastrophic consequences for women's health.

Women and tobacco[1]

As smoking decreases in the West, tobacco companies are searching for new markets in developing countries, especially among women. At present, 42 per cent of men and 25 per cent of women in the industrialized world smoke, while 48 per cent of men and only 7 per cent of women in the developing world smoke. However, increases in smoking by males are usually followed by a rise in tobacco use by women. In many countries, smoking among female adolescents is rising faster than that of their male counterparts.

In addition to all of the health risks smoking brings to men, some consequences are gender-specific. Women are also at risk for:

(a) Premature menopause and osteoporosis;

(b) Impaired fertility;

(c) Increased risk of cervical cancer;

(d) Prenatal and neonatal complications in babies;

(e) Suspected differences in the onset and duration of smoking-related lung cancer, which kills women at a much higher rate than breast cancer, and heart disease;

(f) Higher risk of stroke for women on birth control pills and hormone replacement therapy.

Female deaths attributable to tobacco are 500,000 per year and increasing; at current levels of smoking, the projected increases in smoking deaths will be 1 million women annually by the year 2020. Already strained public health systems will not be able to cope with the health consequences of this epidemic. United Nations agencies, private organizations, and Governments are spending billions of dollars for the eradication of contagious and non-contagious diseases, only to face this new but totally preventable public health disaster. From any point of view, from the individual who smokes, the family of a smoker and society, there are no benefits to ignoring the epidemic. The exploitation by tobacco companies of young women in developing countries must be prevented.

Mother to child transmission of human immunodeficiency virus/acquired immunodeficiency syndrome[2]

In 1998, AIDS deaths totalled 2.5 million, putting the disease among the top five killers in the world. Sub-Saharan Africa is home to 70 per cent of the new AIDS cases and 80 per cent of AIDS deaths in the past year. Data from 1997 shows that 20 to 50 per cent of pregnant women in southern Africa were infected and that at least one third were likely to pass the infection on to their babies. In addition, data show that the spread of HIV in Asia is growing at an alarming rate.

As part of the fight against the spread of HIV/AIDS, policies and guidelines for mother to child transmission (MTCT) of the disease are being developed by the joint and co-sponsored United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and the United Nations Children's Fund. GAWH is concerned that the debate and formulation of these guidelines and policies include assessments of their equity, human rights and ethical dimensions. To that end, GAWH believes that HIV/AIDS treatment and education should reflect the right of women

to make an informed choice with regard to HIV/AIDS treatment and programmes and that the following information should be acknowledged:

(a) MTCT is the largest source of HIV/AIDS infections in children under 15;

(b) Ninety per cent of children under 15 are in Africa, where a high infection rate in women and a high fertility rate will keep this number high;

(c) MTCT contributes substantially to rising child mortality rates from all causes in many countries;

(d) MTCT is reduced by one half to two thirds when some form of azidotimidine (AZT) treatment is combined with formula feeding.

Cardiovascular disease[3]

Heart disease and stroke account for close to 60 per cent of all adult female deaths in a typical developed country and are also the major cause of death in women aged 50 and above in developing countries. GAWH urges the Commission to include the following information in its recommendations:

(a) As noted above in the section on tobacco, smoking and heart disease are related. If a woman smokes, the single most important thing she can do to protect herself against heart disease is to stop smoking;

(b) Although heart disease is regarded as a "man's disease", coronary heart disease and stroke are the major causes of death and disability in ageing women;

(c) Women have heart attacks later than men but have less of a chance of surviving them, receive less aggressive diagnostic intervention and treatment and manifest different symptoms.

Depression[4]

Because depression will be among the top three causes of the burden of disease by the year 2000, GAWH urges the Commission to support efforts to examine the impact of cultural values and traditions on the diagnosis and treatment of depression in women. As GAWH has noted in its publication, *Depression and the Mature Women: A Multicultural Perspective*, it is necessary to expand the understanding of depression as a discrete disease and as a disease that is triggered and/or coexists with other conditions such as trauma, diabetes and heart disease.

Notes

[1] Statistics from the World Health Organization, fact sheet No. 176, August 1997 "Smoking and women: the next wave of the tobacco epidemic".

[2] United States Agency for International Development, LINKAGES Program (Washington, D.C., Office of Health and Nutrition).

[3] World Health Organization, *World Health Report, 1998*, (Geneva).

[4] Elaine M. Wolfson, ed., *Depression and The Mature Woman: A Multicultural Perspective*, Global Alliance for Women's Health, annual spring forum 1997.